

Political Activity of State Employees

1. Minnesota Statutes 43A.32 allows state classified civil service employees to take a leave of absence to be a candidate or to hold elected office. If that elected office conflicts with their state employment, they are required to take a leave of absence upon assuming the elected office.
2. This form must be completed if:
 - you are assuming an elected state or federal office; or
 - you wish to be on leave during your candidacy and/or your term of office; or
 - you are running for office, are not certain whether a conflict exists and would like a determination prior to making a decision about a leave of absence.
 - you wish to have an official opinion from Minnesota Management & Budget regarding your political activity for your personal file.
3. Minnesota Management & Budget must review the request for a leave of absence to determine if the elected position conflicts with the regular state job.
4. Please type or print responses on this form and return it to Minnesota Management & Budget at the address below.
5. For more information, see the Minnesota Management & Budget, Administrative Procedure #32 (Political Activity of State Employees).

Employee	1. Name		2. Mailing Address	
	3. Civil Service Job Title		4. Work Phone #	5. Agency or Department/Division
	6. What types of program areas are involved in your job?			
	7. What decisions do you make which might impact on the political entity for which you wish to be a candidate?			
	8. What type of contact via your job do you have with that political entity?			
	9. Is all or part of your salary paid for with federal funds? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have job responsibilities connected to programs which are financed in whole or in part by federal loans or grants? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you endorsed by a political party? <input type="checkbox"/> YES <input type="checkbox"/> NO Some state employees are covered by the provisions of the Federal Hatch Act. For information concerning whether or not this applies to you, contact your agency's personnel office or the Office of Special Counsel, 1120 Vermont Avenue N.W., Suite 1100, Washington D.C. 20005, (202) 254-3600. If you are covered by this act, you may not become a candidate in a partisan election for any public office.			
	10 Describe the type of political activity you plan to engage in and the extent of your anticipated participation:			
	11. Political Office You Intend to Run For		12. Compensation for the Political Office	
	13. Amount of Time Required by the Political Office			

Employee (continued)	14. Will campaigning for this office conflict with the performance of your present job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:	
	15. What types of decisions are made by the person holding the political office you seek?	
	16. What impact would these decisions have on the State of Minnesota or your agency?	
	17. Leave of Absence Request Starting Date: _____ Ending Date: _____ Comments:	
	Employee's Typed Name	Employee's Signature _____ Date

Supervisor	1. Will the employee's described political activity and/or candidacy for any elected public office conflict with his/her regular state employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:	
	2. Are the employee's responses to questions 1-13 correct to the best of your knowledge? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain:	
	Supervisor's Typed Name	Supervisor's Signature _____ Date

HR Director	1. Agency/Department Human Resource Director's Signature _____ Date
	2. Mailing Address

► This form must be signed by the employee, the employee's supervisor, and the agency/department human resources director prior to its submission to Minnesota Management & Budget. Send completed form to the address printed on the front of this form.